

**Delaware Division of Corporations
401 Federal Street – Suite 4
Dover, DE 19901
Phone: 302-739-3073
Fax: 302-739-3812**

**Certificate of Conversion from a
Delaware or Non-Delaware Statutory Trust
to a Delaware Partnership**

Dear Sir or Madam:

Enclosed please find a form for a Certificate of Conversion from a Delaware or Non-Delaware Statutory Trust to a Delaware Partnership. The fee to file the Certificate of Conversion is \$200.00. Also, enclosed please find a form for a Statement of Partnership Existence that is required to be filed simultaneously with the Certificate of Conversion. The fee for filing the Statement of Partnership Existence is \$200.00. Please submit the filing with 1 cover sheet with Conversion first. You will receive a stamped “filed” copy of your document. If you would like a certified copy it will be an additional \$100.00. (\$50.00 for the Conversion and \$50.00 for the Statement of Partnership Existence) Expedited services are available please contact our office concerning these fees. Please make any check payable to “Delaware Secretary of State”.

In order to process your request in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. For your convenience a cover sheet is available at the following link. <http://corp.delaware.gov/filingmemo.pdf>. Please make sure you thoroughly complete all information requested on these forms. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State
Division of Corporations

Rev 09/05

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A STATUTORY TRUST TO A
PARTNERSHIP PURSUANT TO
SECTION 15-901 OF THE DELAWARE
PARTNERSHIP ACT

- 1.) The jurisdiction where the Statutory Trust first formed is_____.
- 2.) The jurisdiction immediately prior to filing this Certificate is_____.
- 3.) The date the Statutory Trust first formed is_____.
- 4.) The name of the Statutory Trust immediately prior to filing this Certificate is
_____.
- 5.) The name of the Partnership as set forth in the Statement of Partnership Existence
is_____.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
_____ day of _____, A.D._____.

By:_____
Authorized Person or Partner

Name:_____
Print or Type

**STATE OF DELAWARE
STATEMENT OF
PARTNERSHIP EXISTENCE**

1. The name of the partnership is _____
_____.

2. The address of its registered agent in the State of Delaware is

in the City of _____
Zip Code_____.

The name of the registered agent is _____
_____.

IN WITNESS WHEREOF, the undersigned has executed this Statement of Partnership Existence this _____ day of _____, _____A.D.

Authorized Partner(s)

Print or Type Name(s)